

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5909 OF 8746

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goddard, Judy, A, ,**

Mailing Address 1382 Prospect Avenue 3C

City  
Bronx

State  
NY

Zip Code  
10459-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Spectrum For Living

Occupation (for Individual)

Senior Supervisor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 30 / 2018

**Transaction ID : C36247535A**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Actblue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703007.52

Date of Receipt

11 / 30 / 2018

**Transaction ID : C36247535AB**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TARLE, Marc, , ,**

Mailing Address 601 South Mountain Road

City

New City

State

NY

Zip Code

10956-5706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Physician

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 30 / 2018

**Transaction ID : C36247455A**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00